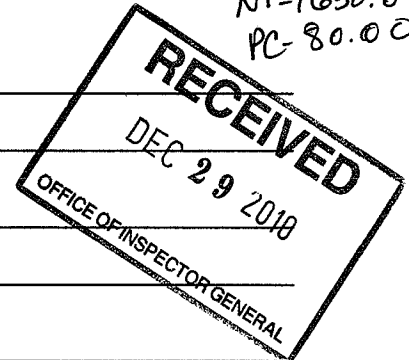


**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only
Received <u>12/29/10</u>
Amount <u>1730.00</u> #17195

**I. IDENTIFICATION**

Name Woodland Oaks Health Care Facility  
1820 Oakview Road  
 Address  
Ashland, KY 41102  
 City/County/Zip  
606-325-5200  
 Telephone number  
 Administrator Kim Tice Nall, BA, LNHA



Date facility operation began at current address January 1994

Date facility began operation under current owner January 1994

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>                    </u>	<u>                    </u>
Nursing Home	<u>                    </u>	<u>                    </u>
Nursing Facility	<u>110</u>	<u>110</u>
Intermediate Care	<u>                    </u>	<u>                    </u>
ICF/MR	<u>                    </u>	<u>                    </u>
Personal Care	<u>                    </u>	<u>                    </u>

**II. CONTROL** (check one in each column)

State	<b>Profit XX</b>	Individual
County	Nonprofit	Partnership
City		<b>Corporation XX</b>
<b>Private XX</b>		

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

John Sword, 300 Provider Court, Richmond, KY 40475

Delbert Ousley, 300 Provider Court, Richmond, KY 40475

Estate of Fred Nall, 300 Provider Court, Richmond, KY 40475

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation Woodland Oaks Manor LLC  
300 Provider Court, Richmond, KY 40475  
Address of corporation \_\_\_\_\_  
President or Chairman Delbert Ousley, Member  
Estate of Fred Nall, Member  
Vice President \_\_\_\_\_  
John D. Sword, Member  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

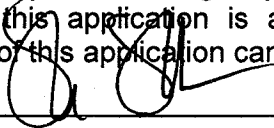
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	<b>PMD Corporation</b>
_____	<u>300 Provider Court</u>
_____	<u>Richmond, KY 40475</u>

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

<u></u>	<u>V.P. Finance</u>	<u>12/21/10</u>
Signature of authorized representative	Title	Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)